

Effective October 1, 2000

plication or Docket Number

09835101

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(-2.00)				ľ	RATE	FEE) 	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	·710.00
TOTAL CHARGEABLE CLAIMS			(20) minus 20=		•	00		X\$ 9=		OR	X\$18=	1860
INDEPENDENT CLAIMS			2 minus 3 =		*	9		X40=		OR	X80=	120
MULTIPLE DEPENDENT CLAIM PRESEN				Mary 4	<u> </u>	<u> </u>		+135=		OR	+270=	
* If the difference in column 1 is less than zero, en					r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	3230
	C	LAIMS AS A	MENDED					SMALL ENTITY			OTHER THAN SMALL ENTITY	
		(Column 1) CLAIMS		(Colui		(Column 3)	<u> </u>	SMALL		OR	SWALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= :		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AIM	=	1 [X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=	
			-					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)				•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		CLAIMS		HIGH	IEST		Ίг	I	ADDI-			ADDI-
AMENDMENT B	and the same of th	REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
NDN	Total	*	Minus .	**		= .	╛╏	X\$ 9=		OR	X\$18=	
AME	Independent	TATION OF M	Minus	***	T CL AIM	= '	┨ [X40=		OR	X80=	
	MINOT PRESE	NATION OF WA	JEHI EE DEI	LINDLIN	CEANIVI		- [+135=		OR	+270=	
							-	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
	·	(Column 1)			mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	#*		=	IJĬ	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CL AINA	=	┧╽	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEI	ENDEN	LOLAIM		┛╽	+135=		OR	+270=	
*	If the entry in colu	mn 1 is less than t	ne entry in colu	mn 2, writ	e "0" in co	olumn 3.	L "	TOTAL			TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												